FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION

FORM D

	OMB A	PPROVAL
ΙB	Number	: 3235-

OMB Number: 3235-0076 Expires: May 31, 2005

Estimated average burden hours per response . . . 16.00

SEC USE ONLY

Serial

	UNIF		·	ERING EX	,	101	DIMSON JANCIA	DATE REG	CEIVED	
	check if this is an nvertible Promis			-						
Filing Under (Check box(es) that apply):	□ Rule 504	☐ Rule 505	⊠Rule 506	☐ Section	n 4(6)	ULOE			
Type of Filing: 🛛 No	ew Filing 🔲 A	mendment								
		A. BA	SIC IDENTIF	ICATION DA	TA					
1. Enter the information	requested about	the issuer								
Name of Issuer (che	eck if this is an ar	mendment and i	name has chan	ged, and indica	te change.	.)				
Ionian Technologies Inc.										
Address of Executive Offi 1164 N. Monte Vista Avo		(Number and Stand, California	, • ·	e, Zip Code)		_	one Number (373-3366	Including A	rea Code)
Address of Principal Busi				Zip Code)		Telepho	one Number (Including A	rea Code	
(if different from Executiv	ve Offices) (SAN	1E)	•	-		_			1	
Brief Description of Busin	ness Research a	nd developmen	t of products a	nd services in	the field o	f Genor	nics 🥠			34
Type of Business Organiz	ation		,				1421		,	1
orporation 🖂	□ lin	nited partnershi	p, already forn	ned	□ other (p	olease si	pecify):	MAD	1 2008	- ">
☐ business trust	□ lin	nited partnershi	p, to be formed		(1		13		ž.	##

GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation or Organization:

Federal:

foreign jurisdiction)

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

Month

0 9

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other

Year

X Actual ☐ Estimated

0 0

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offer-ing, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and managing partner of partnership issi 	sucis	IS.
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• Each general and managing parties of partnership issuers.			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Deflin, Gayle			
Business or Residence Address (Number and Street, City, State, Zip Co	ode)		
c/o Ionian Technologies Inc., 1164 N. Monte Vista Avenue, Suite 8, Upland,	, California 91786		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Galas, David			
Business or Residence Address (Number and Street, City, State, Zip Co	ode)		
c/o Ionian Technologies Inc., 1164 N. Monte Vista Avenue, Suite 8, Upland,	, California 91786		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Van Ness, Jeffrey			d 4 .
Business or Residence Address (Number and Street, City, State, Zip Co	ode)		•
c/o Ionian Technologies Inc., 1164 N. Monte Vista Avenue, Suite 8, Upland,	, California 91786		*
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Curry, Robert			1934 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Business or Residence Address (Number and Street, City, State, Zip Coc/o Ionian Technologies Inc., 1164 N. Monte Vista Avenue, Suite 8, Upland,	•		usabu ni Bunin K
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Venter, Craig			
Business or Residence Address (Number and Street, City, State, Zip Co	ode)		
c/o Ionian Technologies Inc., 1164 N. Monte Vista Avenue, Suite 8, Upland,	, California 91786		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Tardif, Paul			
Business or Residence Address (Number and Street, City, State, Zip Co	ode		
c/o Ionian Technologies Inc., 1164 N. Monte Vista Avenue, Suite 8, Upland,	, California 91786		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Cape, Ronald			
Business or Residence Address (Number and Street, City, State, Zip Co	ode)		
c/o Ionian Technologies Inc., 1164 N. Monte Vista Avenue, Suite 8, Upland,	, California 91786		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Co	ode)		

B. INFORMATION ABOUT OFFERING													
								Yes No					
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									🔲 🛛				
Answer also in Appendix, Column 2, if filing under ULOE.													
2. Wha	at is the m	inimum ir	nvestment	that will b	e accepted	d from any	' individua	ıl?					\$25,000
													Yes No
			-	_	-								🛛 🗀
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. N/A													
Full Name (Last name first, if individual)													
												<u>-</u>	
Busines	s or Resid	lence Add	ress (Num	ber and S	treet, City,	, State, Zip	Code)						
Name o	f Associat	ed Broker	or Dealer										
States in	Which P	erson List	ted Has So	licited or	Intends to	Solicit Pi	ırchasers						
													All States
-					ŕ								All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
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Busines	s or Resid	lence Add	ress (Num	ber and S	treet, City	State, Zir	Code)				·		
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in	Which P	erson List	ted Has So	licited or	Intends to	Solicit Pu	ırchasers						
													All States
					ŕ								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
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	Lact I	14110	ii iiidii ia										
Busines	s or Resid	ence Add	ress (Num	ber and Si	treet. City.	State, Zir	Code)						
	- 01 111111				,,	,,							
Name of	f Associat	ed Broker	or Dealer										·
States in	Which P	erson List	ted Has So	licited or	Intends to	Solicit Pu	ırchasers						
(Che	eck "All S	tates" or o	check indi	vidual Sta	tes)	*****			******	• • • • • • • • • • • • • • • • • • • •			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	so	\$
		§ 0	\$ 0
	Common Preferred		
		100,000	\$ 100,000
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	\$ 0
	•	5 0	\$ 0
		100,000	\$ 100,000
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases of the total lines. Enter "0" if answer is "none" or "zero."		
	Investors	Number of Purchases	Aggregate Dollar Amount
	Accredited Investors	or ruicilases	\$100,000
	Non-accredited Investors	0	\$ <u>100,000</u> \$ 0
	Total (for filings under Rule 504 only)		J
	Answer also in Appendix, Column 4, if filing under ULOE		
٥.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of Offering	Security	Sold
			\$
	•		\$
	Rule 504N/A		\$ \$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Excluded amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		<u> </u>
	Transfer Agent's Fee		□\$
	Printing and Engraving Costs	,	S
	Legal Fees		∑\$ 5,000
	Accounting Fees		
	Engineering Fees		
	Sales Commissions (specify finders' fees separately)		S
	Other Expenses (identify):		□s
	Other Expenses (identify)		
	Total		∑ \$5,000

	C. OFFERIN	G PRICE, NUMBER OF INVESTORS, EXPENSES AN	ND USE OF PROCEE	<u>)s </u>				
	Question 1 and total expenses	the aggregate offering price given in response to Part C - furnished in response to Part C - Question 4.a. This proceeds to the issuer."			\$	95,000		
5.	be used for each of the purpose furnish an estimate and check the	adjusted gross proceeds to the issuer used or proposed to es shown. If the amount for any purpose is not known, box to the left of the estimate. The total of the payments oss proceeds to the issuer set forth in response to Part C -						
			Payment to					
			Officers, Directors, &		Dosam	ents To		
			Affiliates	*	-	thers		
	Salaries and fees		s	. 🗆	\$			
	Purchase of real estate		S		\$			
	Purchase, rental or leasing as	nd installation of machinery and equipment	S	. 🗆	\$			
	Construction of leasing of pl	ant buildings and facilities	S	. 🗆	\$			
	offering that may be used in	s (including the value of securities involved in this exchange for the assets or securities or another	S		\$			
				_	Ψ			
	-			_	s	95,000		
	. .					93,000		
				. Ц	\$			
					\$			
				. — Ø	\$	95,000		
	Total Payments Listed (colu	nn totals added)		⊠	\$95,000	0		
	•	,		_				
		D. FEDERAL SIGNATURE						
	1 11 11 11 11				505 4	_		
follow	ing signature constitutes an under	be signed by the undersigned duly authorized person. If taking by the issuer to furnish to the U.S. Securities and hed by the issuer to any non-accredited investor pursuant to	d Exchange Commission	n, upo	n writte			
ssuer	(Print or Type)	Signature	Date: February 20	2 200)4			
[onia	n Technologies Inc.		_,					
Vame	of Signer (Print or Type)	Title of Signer (Print or Type)						
Gayl	e Deflin	President and Chief Executive Officer						
			· · · · · · · · · · · · · · · · · · ·					

ATTENTION

Intentional misstatements or omissions of facts constitute federal criminal violations. (See 18 U.S.C. 1001.)